



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

office in Chicago, or a Fifth Avenue home. Midway between heaven and earth it lies, and as your desires are so your future shall be. Whoso shall sell his dreams for lucre makes base coinage of his soul, and as I urge upon you the transcendent glories of Sciosophy, so do I warn you against Sciosophy's degenerate double, which is 'Humbug.' And as Sciosophy brings wealth above all vain imagining because it is Wealth of the Soul, so does Humbug bring soul poverty below all conception. You will know Sciosophy from Humbug by this mark and perhaps by this alone, that *Humbug pays*, and among all grades of Sciosophists as in all ranks and classes of men, Humbug has its Initiates, its Adepts and its Prophets!"

DAVID STARR JORDAN.

THE SOCIOLOGICAL STATUS OF THE PHYSICIAN.*

IN preparing this address I have liked to think of it as a possible preface to chapters which other men, who love their work and to whom it is a profession of faith in a purpose of usefulness, and who are wiser and more apt than I, might write; for the relations of the physician to the social problems of his day and generation, while individual in their character and single in their purpose, are capable of manifold expression.

The term 'sociology,' first used by August Comte† less than sixty years ago, may be briefly and broadly defined as 'the science of the laws of human relationships' and, as often happens in the presence of cognate intellectual processes working toward the same end, the suggestion of a concise definitive appellation furnishes a rallying point to which the various workers converge and from which they go out,

* Delivered before the Congress of American Physicians and Surgeons, held at Washington, D. C., May 1, 2 and 3, 1900.

† Cours de Philosophie Positiv, 1842.

strengthened by a sense of companionship and encouraged to more extended effort by a better comparative knowledge.

The title sociology, therefore, beginning with an application in terms of positive philosophy, has come, in the short period of half a century, to include not only theories as to the organization of society, but practical considerations of the value, the application, the use, the control, and finally the prevention of certain social conditions.

The range of sociology, in its modern form, may be said to extend from investigation of the power value of psychic phenomena in the unit, to consideration of physical economics in the mass.

The original ideas of society as the product of extrinsic causes or of society as a force-aggregation upon a materialistic basis, have gradually given place to a recognition of the continuity of the ethical idea in an aggregation of human units, the majority of whom are relieved, in whole or in part, from the demands incident to a primitive struggle for existence.

It is precisely at this point in the development of sociology that a member of the body politic, who has long existed and who has indeed for several centuries had a definite sociological status, becomes an increasingly co-operative factor.

The science of society which has come in the growth of its responsibility to the human mass to find the need of a more accurate study of the entity of the human unit, turns to the doctor of medicine for advice and counsel.

To the members of the medical profession, whose devotion, primarily, to the needs of the unit, leads them to concentrate their energies upon a succession of individuals and who, consequently, find themselves isolated more or less from the social community and placed apart as specialized workers, the newer and broader sociology brings, not only the stimulus of association and sym-

pathy, but larger opportunities for the exercise of their usefulness.

As a natural result of this approximation, appreciation grows, barriers of prejudice are broken down, the conventionalities of self in which pessimism is nurtured disappear, and men of different walks of life come to understand each other better, in the light of a common purpose to helpful ends.

The sociological status of the physician, therefore, at the present time, may be said to be his standing in regard to an extensive movement in behalf of the study of human relationships with a view to a truer comprehension of their normal bases and to the betterment of their existing conditions.

Before proceeding to a consideration of the effectiveness of the doctor of medicine as a part of the social organization exhibited through the medium of the institutions with which he is particularly related, and of the other duties of which he is capable and which lie before him, it will be well to consider briefly the character of his professional training and its reactionary effect upon himself as a man and a citizen.

Of all special educations that of the science and practice of medicine, when it is of the best quality, is the most exacting and makes the largest demand upon the staying power of the student; it is longer in duration, more confining, and requires more intense application than the corresponding courses which lead to a degree either in law or divinity, and affords a larger suggestive opportunity for collateral scientific reading.

It implies, in its beginning, the combating of natural repugnancies, and, in its continuance, a ceaseless struggle against the mentally depressing influence of daily contact with disease and dissolution, it challenges lofty sentiments and lays bare the framework of cherished emotions; on the other hand, it demonstrates truth and gives the foundation for a faith which, though

usually silent and often circumscribed, nourishes the optimism necessary to this vocation, and helps the doctor to regard the affairs of life in the light of their importance, not to himself, but to the individual whom for the time being they most concern.

That the 'outward profession of faith' is not usual in the medical profession is due not to the lack of this quality, but rather to the reluctance to make public expression on the part of men whose life is, in its practical exhibition, largely confidential, and who, moreover, have especial opportunity to give utterance to the spirit within them in human contact work.

To the claim that medical education furnishes the material for a deep and lasting faith in a creating and sustaining power may be added the claim that it tends to beget that sense of reverence of which Benjamin Kidd says "that it is a preponderating element in the type of character which the evolutionary forces at work in human society are slowly developing, and with which are tending to be closely allied the qualities of great mental energy, revolutionary enterprise, powers of prolonged and concentrated application and a sense of simple-minded and single-minded devotion to conceptions of duty."

That attributes such as these may be nurtured in the stern curriculum of a medical education and fostered under the exacting conditions of a career which is both a practical application and the continuance of that education, we know; but it is also well for us to know, daily, that the possession of a most intimate knowledge of human life and its relationships implies an enormous moral responsibility.

In addition to the justly economic purpose of following a reputable vocation likely to ensure a livelihood, the principal incentive to the study of medicine is a purpose of usefulness, or a basal sense of a desire to express in some way the appreciation of an

obligation, a purpose which is the underlying motive of all sociological effort.

Coupled with this is the desire for a more intimate knowledge of the purposes of living as expressed in terms of accomplishment.

In addition to these motives there is that which comes from the possession of a truly scientific spirit seeking the acquisition of knowledge and the establishment to mental vision, of a utilizable truth, with a view, not to any individual aggrandizement, but to the end of making this a stepping-stone for further progress; this sequence of stimulation usually carrying with it the sentiment that the work done is a contribution to the general welfare.

In the very beginning of his studies the medical student is brought into investigatory relationship with that which he has heretofore thought of as an entity, a being, a mystery, and which, now put into his hands for demolition, he finds to be a most wonderful and delicately constructed machine, in the study of which he may be said to pass through much the same process of mental evolution as that attributed by Professor Giddings to primitive man. *

He is lost in marvel at the compact arrangement of muscular tissues, regards, as might the explorer of a buried city, the system of canals which carry quickening fluid to the outermost circumvallation and of drains into which are cast waste matters to be discharged without the walls; while the glistening white lines of nerves sending their branches in a network between muscles and under and over canals and drains, reveal to him the suggestion of a system for the communication of intelligence and the issuance of governing mandates to which the combined telegraphic and telephonic services of the greatest city built by human hands have no comparison in relative extent or in perfection.

* F. H. Giddings, 'The Principles of Sociology,' Anthropogenic Association, p. 246.

There is probably no point in his career of so much initial portent as that in which the student, in the dissecting-room, for the first time lifts the wet sheet from a face that he has never known, but behind which there dwelt, and through which there have been expressed, all that emotion and desire can crowd into the compass of a human life; it is a period in which he either consecrates himself or turns back; if he be honest he does one or the other; if he be a pretender he may, it is true, continue and complete his medical school course and go out into the broader school of work, but without the consecration he will inevitably fail of his highest possibilities as a physician.

The impress which is made by the study of anatomy upon the truly thoughtful man cannot but be emphasized in the physiological laboratory, where the student learns the values and uses of the different parts of the human machine and finds the answers to questions which the previous study of the structure of the silent body have evoked.

Here and in the associated laboratories he learns the chemical processes of the body in health and disease, the supplementary relationship of the different organs, the provision for their maintenance and repair, and comes to recognize and to know the functions of the microscopic organisms with which the body teems.

Carrying with him the lessons born of research, he next passes into the wider school of clinical teaching, and learns at the bedside that he has to study something more than the disease and that to render the fullest meed of service as a physician he must come to know, patiently, tenderly and, in the broadest sense, sympathetically, his brother man.

Here, too, he learns that his own feelings and emotions must be subordinated to the one purpose of his greatest help efficiency; that here, as in all scientific work, his personal equation must be reduced to a mini-

mum and that he must lose himself in the effort to think wisely and judge well for others.

In former times, not many years ago, the bedside teaching was provided under a system corresponding to that of apprenticeship in trade, and the student gained his clinical experience through association with some active general practitioner; but to-day, with the aggregation of population in cities and the consequent establishment of hospitals, these institutions are made to furnish the clinical material necessary for instruction, thus fulfilling one of their important obligations to the community which supports them; for while the first purpose of the hospital is to provide for the care of the sick, no such institution does the just measure of its work unless its benefits extend beyond its walls through the education of those whose lives are to be pledged not only to a warfare against disease, but to an effort toward its prevention.

From an economic standpoint the hospital may be defined as an institution in which capital and skilled labor combine to provide such members of the community as are temporarily disabled and without means of support, with the maintenance and care which shall fit them to become again self-supporting and active community factors.

It is a free repair shop for human machines, and the capitalist who contributes to its support does so with the basal, though perhaps not with the defined understanding, that his contribution is returned to him, through the community, in the lesser number of incapacitated and dependent machines, while the physician who furnishes the skilled-labor contribution finds his return not only in the same manner as the capitalist, but in the opportunity which is given him of fulfilling his duty to humanity with less expenditure than if he did it at his own charge, and with better effect, under

conditions which inure greatly to his own well-being and usefulness.

But the hospital of to-day is something very much more than a mere repair shop; it is a school full of object-lessons in the application of those qualities which are the uprights, the girders, and the binding-rods of the modern social structure. In the first place, it is the most absolutely clean of all human habitations, and the present splendid successes of surgery in the amelioration of suffering and the preservation of life are due not only to the application of trained skill and intelligence, but to its operations under conditions of absolute sterilization which are microscopic in their minuteness.

Not only is the hospital a lesson in physical cleanliness, but, if justly administered, it is morally clean as well; for so important is its service, so often does the issue of a life depend upon the observance of some apparently minor detail, that its work must be done under the strictest discipline; order, obedience, alertness and complete devotion to the duty in hand must be commanded within its walls.

Under such responsibilities the position of superintendent of a hospital is a serious one, calling for administrative ability of no mean order.

Gradually with the growth of urban hospitals these posts have come to be filled by selected men who, from previous education, along other than medical lines, or from training in the hospitals themselves, have acquired the ability to deal with questions of structure, repair, lighting, heating, ventilation, equipment, food-supply, and the details having to do with a housekeeping for hundreds of patients and nearly half that number, the usual ratio, of medical house-officers, nurses, and attendants.

Many hospitals are administered by women who have had their preliminary training in such institutions as nurseries; women are also supplementing the general

administrative work as superintendents of hospital training-schools for nurses.

The entrance of women into hospital life and work is one of the sociological advances for which the medical profession is mainly responsible, a responsibility having a serious ethical as well as an important economic side.

Under present conditions the training-schools furnish to the hospitals a much better service than could otherwise be obtained, one which has contributed much to the precision and fidelity of the work done and which has moreover exercised a generally beneficial effect upon the morale of the patients.

The course of study of the hospital-trained nurse is a severe one, usually of two years' duration, but now being lengthened to three and four years; the woman who enters upon, and continues in it, has a liberal education in the deterrent side of human life and, if she graduates well, comes out of the hospital to enter individually upon a vocation in which she is likely to find herself set apart from the society about her, even more than is the physician.

For, while the physician has his medical societies and other social relationships with his fellows, the nurse has only the affiliation with her training-school and hospital; that she often finds it difficult to cope with the competition in her profession and the discomfort of an uncertain income, is shown by the tendency to re-enter institution-life, even at moderate salaries, among nurses who have been in private practice.

The trained nurse has now been in existence, as a community factor, a sufficient length of time to make statistical estimates possible, and it appears that the active professional life of the nurse, outside of institutions, is covered by an extreme limit of fifteen years, and that her average annual income is that of the average woman teacher.

The teacher has a regular stipend, allotted hours of work, and a definite holiday; the nurse, in private practice, has no regular stipend, no protracted leisure, and leads an economically irregular life, with occasionally extraordinary demands upon her strength and powers of endurance.

The medical profession, which has created the trained nurse, to its own great advantage and with considerable extension of its helpfulness, owes a debt which should be acknowledged not only individually but generally.

The provision for lodgment of nurses in separate buildings where they may, when off duty, have the comforts of a home, is a step in this direction; here also the training in the hospital is supplemented by instruction in housekeeping, purchasing, and diet-kitchen work, and the nurse thus educated who goes into private practice and becomes temporarily the member of a household, does so with a better knowledge of the perplexities which may beset the housemother when illness cuts across the line of home affairs.

Another question which is coming to the front is that of the establishment of co-operative training schools, in which a nurse, having served her probationary period and a year or more in one hospital, is passed on to a second and third hospital, either of a different class or in another city, returning to the first hospital for her final service and graduation. Under this plan the nurse, admitted only on an entrance examination and first trained in a general hospital would continue her studies in a lying-in hospital, a children's hospital, some special hospital, and in a hospital for contagious diseases, and the higher educational standard required of applicants, the length of the course and its completeness, would tend not only to furnish a better class of women, more competent to succeed in private practice, but would help to prevent that over-

crowding of the nursing profession already apparent.

Leaving now the hospital, a term here meant to include asylums, convalescent homes and similar institutions which are his particular province, and passing over questions, interesting in themselves in regard to the working relationship of medical staffs and boards of managers, let us consider other directions wherein the physician finds opportunities for the acknowledgment of his citizenship.

The medical supervision of public schools, of recent inauguration, demanded as a necessity in view of the opportunity afforded for the spread of contagious diseases through the medium of these aggregation centers, is opening the way to a much larger sociological service than was at first expected of it; for, where medical inspection has been fairly established, the examiners find themselves confronted with questions of the proper seating of school children, of the provision of school lunches, of proper lighting, ventilation and sanitary accommodations and of the detection and setting aside for compensatory educational advantages children whose defective sight or hearing puts them below the average of their fellows.

It is in schools for the defective, however, that the doctor finds his especial work, and the generous provision now made for the care of feeble-minded and backward children, the blind, the deaf, and latterly the crippled, gives him a large opportunity for elucidative study leading toward the betterment of the condition of those whose inheritance or personal misfortune have made them a charge upon the community, not only for assistance, but for encouragement toward turning their moderate capital in life to the best account.

The distinction between lack of perceptive capacity and lack of sense-transmission is frequently represented only by a thin and

shadowy line, and the partition classification of dependent and imperfect children is often one of the most exacting of the moral responsibilities of the doctor.

Children who are regarded as backward, or even idiotic, are sometimes found on careful examination, to be merely creatures shut within themselves by the closure of normal channels of communication, and the bringing of such children into touch, through the education of their tactile sense, with the human companionship which makes life worth living is worth far more than all it costs in time or effort.

In such cases as these the child has virtually no desultory memory, all impressions received come mainly through one channel and the memorizing capacity is in proportion to the concentration effort in reception, the nervous energy of the child, moreover, instead of being expended in an effort at reception through several sense organs, is limited to a distinctively volitional one, and in place of being used in the elaboration of different methods of expression, is devoted almost solely to perception.

The intelligence, slowly educated by an expenditure of effort on the part of the child, is, reactively, constantly increasing the perceptive power, so that when, through the utilization of a quickened tactile sense, new forms of expression are afforded, the concentrated nervous energy bursts its bounds in a flood of questions and there is no fairyland imaginable which will compare in its wonders to that into which such a child is admitted through the educational portals of the kindergarten for the blind.

The first attempts at the education of the so-called deaf mutes, but mutes only because of the lack of hearing and of training, began naturally through the medium of the signs and gestures which these unfortunates substituted for the inadequate utterance of which some of them were capable. While succeeding in imparting a good education

through the medium of the manual and gesture language, this method created a class set apart by itself because of its inability to communicate, through any other medium than that of writing, with its hearing and speaking environment.

The recognition in an educational process, of so serious a defect as the creation of a distinct class in the community, subject to the temptation of intermarriage and the consequent possibility of class perpetuation, together with a better knowledge of the fact that many of these people had an amount of hearing power sufficient to enable them to perceive sounds which they themselves made, brought about the gradual introduction into the manual schools, of a system of voice-training and lip-reading, which has so far gained ground as to lead to the establishment of schools devoted exclusively to this method.

The growth and progress of schools for the deaf in the United States since the establishment of the first school in 1817, may be judged from the fact that the twelve original pupils at that date have now increased to almost ten thousand, in over eighty schools, and that very nearly half this number of pupils are being taught articulation.

With the progress of a method of education which is ultimately destined in the main to prevail, since it is in the line of that sociological advance which seeks to make and to keep each unit a viable member of the community, a more precise determination of the amount of hearing possessed by each pupil, and the possibility of its improvement becomes a matter of great importance.

Under the auspices of the National Association of Teachers of Speech to the Deaf, acting in co-operation with one of the bodies forming this Association, the American Otological Society, a systematic examination of all pupils in schools for the deaf

throughout the United States has been undertaken.

The purpose of this investigation is to provide not for what might be called a census-taking, but for the establishment of continuous special medical examination of the pupils, firstly, for their immediate advantage, and, secondly, to make records upon a uniform basis suitable for comparison and tabulation.

The work, already begun as a preliminary investigation in the Horace Mann School, shows that out of 150 children, set apart by their infirmity and specially educated, fully 8% are capable of being restored to an amount of hearing which will enable them, in some instances with the help of artificial aids to hearing, to take their places in the society of people of normal average hearing, while still others, to the extent of an additional 5%, can be so far improved as to be materially aided in their power to acquire well-modulated articulation.

Between 10% and 15% of these cases, in addition to those already mentioned, are found to illustrate the truth of the saying that disuse is abuse, for in them it is possible, by means of speaking-tubes and other appliances for the direct communication of sound to the perceptive organs, to awaken what may be called, for want of a better term, the latent hearing, and make it, if not a means of communication of consecutive thought, at least useful for improvement of the articulation.

With the continued prosecution of this investigation there is opened a large field for the study of the causes of high grades of deafness in young children, and one leading to better knowledge of possibilities of prevention.

A more recent effort at compensatory education follows lines laid down nearly 70 years ago in Bavaria, and since extended to other countries in Europe, finding its most marked success in Italy.

Five years ago there was opened in Boston a charitable institution which deserves more than passing notice for the comparative novelty, as well as the value, of the work undertaken, and for the promise which it gives of extension.

The Industrial School for Crippled and Deformed Children, beginning with 11 pupils in 1895, now with quadruple that number and a large waiting list, has served as a suggestion for the establishment of other institutions of the same or similar character in Milwaukee, Chicago, and Baltimore.

In New York a school of this kind is now projected, and in Philadelphia Mr. Widener has recently given the sum of two million dollars, the income of which is to be expended for the care, education, and industrial training of cripples.

"Strange it is," says Dr. E. H. Bradford, the practical founder of the Boston school, in a paper not yet published, but from which I am permitted to quote, "that while in every civilized country the insane, the blind, the dumb, the epileptic and the idiotic receive careful attention, but little heed is paid to the education of the most deserving of all unfortunates, namely the crippled.

"The cripple is left to the almshouse or allowed to remain in a back room at home idle, useless, petted, often the only wilful member of the family whose misdirected kindness aids in ruining his character; hampered by disease and deformed, he is doomed to the injurious influence of idleness.

"Crippled children can be grouped under two heads: those who are suffering from a chronic disease which, during their childhood, either prevents their attending school altogether, or else where their attendance is interrupted or prevented because their feeble condition will not stand the fatigue of a school day adapted only for strong children. The majority of these, if they receive good care, good food, good air, under

proper medical supervision, recover with more or less resultant deformity and, although handicapped as breadwinners, are eventually able to do something as workers, that is, if trained during their childhood, may become skilled in sedentary occupations, but if uneducated, are necessarily idle and useless.

"The second class comprise those permanently crippled either by congenital deformity or by paralysis. They can never recover from their ailment and are permanently excluded from the use of their legs or arms. Special instruction is needed for these and special avenues must be made for them for certain kinds of work which they can be taught to do with the aid of suitable apparatus designed for them. This class can be of use to the community in many instances, as their affliction frequently develops a concentrated ability in certain directions, not found in more active or healthier persons. If they are unable to become producers to a large extent, yet in many instances they may be trained into workers contributing to their support. They are saved from the curse of idleness and in rare instances may develop unusual and useful talent."

To make provision for these two classes in a day school it is necessary, or at least advisable, to furnish means of transportation under conditions favorable to the most helpless, and in the school itself, there must be, in addition to the ordinary recitation and study rooms, rest rooms with reclining chairs or beds, rooms for the training of the pupils in various occupations, and a diet kitchen from which food may be dispensed.

To meet these peculiar conditions the staff of teachers must be supplemented by a trained nurse, and there should be regular medical visitors, preferably men on service in orthopedic hospitals.

The census of 1890 gives the number of feeble-minded, both children and adults, in

the United States as a little less than one hundred thousand; but one of the best authorities in the treatment of this class of dependents thinks that there are probably four to every thousand of the population, or a total of very nearly three hundred thousand. Of this number about one in thirty only are in institutions and the remainder are scattered throughout the community, some in their own homes, where they are the objects of solicitous care and affectionate regard, others and the larger proportion, in almshouses, in prisons, and on the road as tramps.

Their number is apparently increasing. In 1860 there were six hundred to the million inhabitants, in 1890, fifteen hundred to the million; and they propagate their kind; with them are linked the variable and occasional criminals, as distinguished from the criminals having criminal trades, and about the borders of this realm of the unfit circulate the merely idle, the dissolute, the profligate and the debauchee.

The differentiation of these classes, the sorting out of this waste humanity, the utilization of what is good in it and the protection of that which is feeble and useless constitutes one of the most intricate problems of modern social life.

He who holds the key to a situation, is in a measure responsible for the situation and the key to this particular problem is in the hands of the doctor more than in those of any other citizen.

He, more than any other, as a necessity of his education, has been brought personally into contact with the deficient, his active life is spent in drawing comparisons with a normal standard of which, if he is to do his work well, he must constantly seek to keep himself, physically, mentally, and morally, an example.

It is evident that among the many lines of sociological activity prescient of the growing intelligence and increasing public

conscience of the people, this work of analysis of human waste and of discrimination out of which grows helpful suggestion is particularly the province of the doctor.

A measure of work of this sort should be commanded of the medical profession by the community, not that the medical profession is not already engaged in such work and does not find in it fruitful opportunities, but that to command is to sustain and to support, and the public could with advantage make the labors of the physician for the common welfare more productive than they are at present.

The experience which has led to the substitution, in the hospital supported by private charity and in the municipal hospital, of an educated and trained physician for the man of business or the politician as superintendent, should serve the same purpose in our public institutions. The doctor is ready and willing, and the number of medical men who would accept positions of this kind at moderate salaries under conditions which would give them time and opportunity for studious work, is steadily increasing.

The popular idea of an almshouse is often very much that it is a place for the storage of decrepit bodies past usefulness, an institution paying an annuity in food and lodgment to such members of the community as have not had the fortune or the foresight to provide for their inactive years.

It is partly to the prevalence of this idea that institutions of this class have been public jetsam stranded on the shores of the current of community life; but, the stream of humanitarian progress increasing in volume and growing ever stronger, is lifting them, they are coming to be regarded more as hospitals, administered more upon the hospital plan, and in several of the largest city almshouses of this country the changes which have taken place, to the betterment of the inmates, under the influence of a reg-

ular medical visiting staff, supplemented by salaried house-officers and trained nurses, is most gratifying and promissory of still better conditions.

The same influence is at work in the domain of penology; prisons everywhere are steadily coming to be less punitive, more reformatory, and the indeterminate sentence is a recognition, not only of the possible good underlying apparent evil, but also of the fact that betterment of the physical condition, as well as of the mental point of view, is a necessary basis for a healthy morality.

Dr. Coulston, of the Royal Edinburgh Asylum, illustrates the fact that purely mental and moral causes play but a small part in the production of insanity, as compared with causes bodily and physical, by the statement that of cases examined by him only 11.5 per cent. were due to mental shock, the remainder being the outcome of causes acting on the brain through the body; drink and dissolute living, faulty development, hereditary disposition and the like; furthermore, he gives it as his opinion that the late epidemic of influenza caused more insanity than all the public and private anxiety in connection with the war in Africa.

The weakness of will and the inability to sustain healthy mental exertion, evident in asylums for the insane, are found also, though in lesser degree, in houses of refuge, almshouses and prisons, and the parallelism of conditions of the mentally, morally and physically defective, with the interchangeability of their classification, are nowhere more compactly observable, more readily made subject of study, than in the public institutions departments of our great cities with their shifting population passing from one institution to another, a pauper, a drunkard, a malefactor in succession, but always a public charge.

These departments, classed in the civic roster with the departments of public works

as channels of expenditure, fiscal administration and possible political preferment, have come to be regarded, because of their humanitarian function, as fields for the exploitation of philanthropic effort.

Worthy and commendable as this is and most welcome as opening the way to still better defined conditions, it fails of its fullest efficiency because it lacks the necessary foundation of accurate information in regard to the subjects with which it has to deal and, under the ordinarily existing political conditions, fails of continuity of effort.

The care of the physically, mentally, and morally sick is so very serious a part of the business of life, its judicious exercise so important to the welfare of the whole community, that it is best placed, unreservedly, in the hands of those whose training has fitted them for its obligations and who have learned, by repeated experiences, that an emotion however good, or an impulse however philanthropic, unexpressed in carefully considered and continuously beneficial work, sinks to the level of a personal gratification.

The ideal institutions department is that which, removed entirely from political control, but still a part of the city government, is adjusted and administered upon the hospital basis, bringing to its service, as does the hospital, the conjoint efforts of the man of business and the physician. The actual work is in the hands of a general superintendent or commissioner, a medical man of large experience and institution-training at a salary enabling him to devote his whole time to the duties of his office; under him, as the heads of subdepartments, salaried officials, among them medical men and women and house officers, either senior medical students or recent graduates, holding positions the equivalents of those in general hospitals.

The whole under control, both as to appointment, general management and ex-

penditure, of a board of trustees, the majority physicians, and an unpaid visiting medical staff.

The existence of such an institutions department would mean the establishment of a biological station, which would be the means of bringing the greatest benefit to its inmates and at the same time would be an educational center from which would emanate, for professional and public information, deductions derived from conscientiously applied scientific observation.

Affiliated with the Institutions Department in cities is the Department of Police; through the police station pass a large proportion of the inmates of the city institutions and, under police supervision and inspection, live the defectives with whom the medical profession could, advantageously, be brought into more recognizedly effective contact, either by medical appointments on police commissions or by the creation of medical bureaus as a part of police departments.

Such bureaus, in addition to rendering the professional services for which private practitioners or contract surgeons are usually employed, would provide responsible care and carefully trained investigation in cases of accident or violence with correspondingly accurate records, and could be made to do valuable correlative work with the institutions, the police and the hospitals.

It has been said by the trainers of youth that they do not get from the doctor the help expected and needed in the inculcation of those lessons which teach the moral value and moral use of the human body and are the substructure of healthful living, but it is doubtful also if the doctor has as yet had his sufficient opportunity.

The recent endowment in a large university, of a professorship of hygiene, with the stipulated condition that the appointment shall bear with it the obligation of a closer relationship with the lives of the students,

is an important and welcome step in this direction, and the chair so endowed might be made the center of a Department of Civics.

Still another relationship, which may be broadened beyond its individual phase, is that between the doctor and the clergyman, and recent experiments based upon a proposition that the divinity student should have opportunities to see the practical side of hospital and other institution work under medical guidance, are so promising as to lead to the serious consideration of making this a definite part of regular divinity-school instruction, while the growing appreciation of the importance of medical missions, with the understanding that they are to be in the charge of thoroughly educated physicians, and the demands for instruction in medical ethics in our medical schools show a tendency to approximation in the work of two professions which began originally as one.

It would be interesting to take up in detail other and various channels through, which the doctor, because of the elaboration of modern community life, finds recognized opportunities for his outgo from the unit to the mass; such, for instance, as questions of water-supply and sewage disposition, food and drug adulterations, asylum and hospital construction, health and quarantine regulations, hygiene and physical training and to cite illustrative instances; but enough has been said to emphasize the fact that his principal value to the community springs from his intimate knowledge of the personal needs of his brother man.

His sociologic status is the outcome of this distinctive privilege, and his recognition and proper use of it, as the teacher of the individual and as the exponent of the beauty and righteousness of cleanly, wholesome and useful living, make his foremost duty to society.

CLARENCE JOHN BLAKE.

HARVARD MEDICAL SCHOOL.